

Washington Borough Pool Membership Application - 2021

WASHINGTON BOROUGH RECREATION DEPARTMENT
100 Belvidere Avenue, Washington, NJ 07882
(908) 689-3600 ex 136 www.washingtonboro-nj.gov/recreation

Please read the following carefully before submitting your application.

The Liability Waiver and Emergency Medical Authorization at the bottom of page 2 must be signed by an adult family member. Your signature also serves as acknowledgement that you have read all of the information contained in the application form.

- Application forms must be submitted to the Recreation Department or completed online. NO applications will be accepted at the pool.
- The Application must be signed by an adult family member age 18 or older.
- Resident memberships are available for residents of the Warren Hills Regional School District – Washington Borough, Washington Township, Oxford, Franklin and Mansfield.
 - Non-resident fees will apply to all others.
- **NEW Monthly Memberships** are now available for July or August. Discounts do not apply.
- Due to increased costs Senior Memberships will now require payment. Discounts can be applied.
- We offer 2 discounts for all regular season memberships– Early Bird 10% off and Military 10% off
 - The Early Bird discount will be applied until May 31, 2020 or on applications postmarked no later than May 31, 2021.
 - The Military Discount is available to all veterans and active service members. Military Discount requests must include a copy of a current Military ID, DD214 discharge form or VA Card. Military discounts can be combined with Early Bird discounts and the half price after July 31, 2021 offer. The military member must be listed on the application.
 - Early Bird and Military discounts are available for all seasonal memberships, resident or non-resident, and can be combined.
- Family Memberships will be carefully reviewed for compliance with our regulations (please see Page 2 for regulations). Individuals listed on the application who do not qualify as Family Members will not be issued a Membership ID unless/until any requested supporting information is provided. Seniors must apply for a separate membership.
- Memberships are nonrefundable once the season or your monthly membership starts.
- Membership tags will be available at the pool front desk 2-3 business days after your application is received. A receipt of payment from the Recreation Office or from your online transaction may be shown at the front desk to enter the pool before the tags are available.
- Membership tags will be deactivated at the end of your membership and must be returned to avoid a replacement fee of \$2 per tag. Please report lost or stolen tags to the Recreation Department immediately.

Any misrepresentation on the application form or regarding the pool membership will result in forfeiture of the membership. This includes, but is not limited to:

- 1 – Providing any false information.
- 2 – Listing individuals as family members who do not qualify.
- 3 – Disobeying pool rules.
- 4 – Lending membership card(s) to anyone

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Membership allows entry into the pool area every day the pool is open during the 2021 season.

We reserve the right to close the pool at any time due to variable conditions.

FAMILY NAME(S) _____

STREET _____ CITY, STATE, ZIP _____

PHONE _____ E MAIL _____

*EMERGENCY CONTACT _____ Phone _____

*Required (Please name someone outside your immediate family)

Family: **Regulations for Family Membership - Immediate family only** - adult couple, single parent, or legal guardian and all children **living in a single household** that have not turned 18 years of age, unless they are full-time college/ trade school students. Proof of school enrollment may be requested. **Individuals 18 years of age and older who are not students must apply for an individual membership, including Seniors.**

Individual: Adult or child under the age of 55

Senior Citizen: 55 or older as of 6/1/21. Proof of age may be requested.

Child: Ages 4-17 Children 3 and under are free with a paying adult.

Please clearly print the names and ages of all individuals applying for membership.

Name(s)	Age (required for all)	Tag Number (Office Use Only)
Adult- _____	_____	_____
Adult - _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(list additional children and their ages on a separate page and attach to this application)

Liability waiver and emergency medical authorization

I understand that the activities/programs held within the Borough of Washington Municipal Park may include physical activity and exercise with the possibility of physical contact and bodily injury to myself or my children or ward (if any) listed above, and that the Washington Borough Recreation Department and its staff and the Borough of Washington (the "Borough"), are not undertaking responsibility to oversee activities that are free from the risk of injury, loss or damage to person or property, and I hereby assume all of said risks for myself and my children and/or wards.

In consideration of the use and availability of the services and facilities, by me and the above listed children and wards if any, I hereby agree to release, relieve, hold harmless, and indemnify the Washington Borough Recreation Department, the Borough, and their respective officers, agents, instructors, and employees from all liability and claims arising out of any accident or injury suffered or incurred by me or said children or wards while enrolled in any class or program sponsored, organized or supervised by the Washington Borough Recreation Department or the Borough, except for acts of gross negligence or intentional acts of the said officers, agents, instructors, and employees.

Further, in case of accident, injury or sudden illness, I authorize any first-aid or emergency medical care which may become necessary for my child, ward or myself while enrolled in any activity or program administered by the Borough. I also authorize that my child, ward or I may be transported to a local medical facility. If I cannot be reached in an emergency, I hereby grant permission for my child or ward named above to receive all appropriate medical treatment necessary. By executing this document, I hereby assume, on behalf of my child or ward, all risk of injury or loss to which he or she may be exposed.

Signature of Adult, Parent or Legal Guardian

Printed name of Adult, Parent or Legal Guardian

Date

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Please complete the “I am Purchasing” section below

Seasonal	Early Bird by May 31st	Military**	Early Bird & Military**	Regular after May 31st
Family *				
Resident	\$180.00	\$180.00	\$160.00	\$200.00
Non-Resident	\$270.00	\$270.00	\$240.00	\$300.00
Individual				
Resident	\$99.00	\$99.00	\$88.00	\$110.00
Non-Resident	\$112.50	\$112.50	\$100.00	\$125.00
Senior – age 55 before June 1, 2021				
Resident	\$54.00	\$54.00	\$48.00	\$60.00
Non-Resident	\$54.00	\$54.00	\$48.00	\$60.00

Monthly Memberships are now available for either July or August. Discounts do not apply.

Monthly					
Family *		Individual		Senior - age 55 before June 1, 2021	
Resident	\$100.00	Resident	\$55.00	Resident	\$30.00
Non-Resident	\$150.00	Non-Resident	\$63.00	Non-Resident	\$30.00

Membership tags will be deactivated at the end of your membership and must be returned to avoid a replacement fee of \$2 per tag. Please report lost or stolen tags to the Recreation Department immediately.

*Family Memberships – Please see regulations on page 2.

** Military Discount – Please see requirements on page 1.

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I AM PURCHASING (Please check all that apply)

Family Seasonal Resident Family Monthly Resident
 Individual Seasonal Non-Resident Individual Monthly Non-Resident
 Senior Seasonal Senior Monthly
 Discount: Early Bird Military Early Bird & Military For: July August

My check/cash for the amount of \$ _____ is attached.

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Please make checks payable to the Borough of Washington

Resident Memberships are available to residents of the Warren Hills School District - Washington Borough, Washington Township, Oxford, Franklin and Mansfield.

All Seasonal Memberships are half price after July 31, 2021

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Office use only: Paid: \$ _____ Check #/Cash: _____ Received by: _____ Date: _____